

FILED

JUL 22 2019

U. S. DISTRICT COURT  
EASTERN DISTRICT OF MO  
ST. LOUISUNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI  
DIVISIONJASON NICKOLAS SMITH  
#227247(Write the full name of the plaintiff in this action.  
Include prisoner registration number.)

4:19CV02116 JCH

Plaintiff Requests Trial by Jury



Yes



No

v. ST. LOUIS County  
DEPARTMENT OF JUSTICE  
SERVICES, C/O RIDEOUT  
MEDICAL C/O THOMPSON C/O MS. RHODES  
#400 #N/A(Write the full name of each defendant. The caption  
must include the names of **all** of the parties.  
Fed. R. Civ. P. 10(a). Merely listing one party and  
writing "et al." is insufficient. Attach additional  
sheets if necessary.)PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

## NOTICE:

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff should not send exhibits, affidavits, witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the \$400.00 filing fee or an application to proceed without prepayment of fees and costs.

**I. The Parties to this Complaint**

**A. The Plaintiff**

Name: JASON NICKOLAS SMITH

Other names you have used: NONE

Prisoner Registration Number: #227247

Current Institution: ST. LOUIS COUNTY DEPARTMENT OF JUSTICE SERVICES.

Indicate your prisoner status:

☒ Pretrial detainee

☒ Convicted and sentenced state prisoner

☐ Civilly committed detainee

☐ Convicted and sentenced federal prisoner

☐ Immigration detainee

☒ Other (explain): 4/26/19 to 6/28/19 Pre Trial

**B. The Defendant(s)**

6/29/19 To 7/19/19 Sentenced

To the best of your knowledge, give the information below for each defendant named in the caption of this complaint. Make sure the defendant(s) named below are the same as those listed in the caption of this complaint. Attach additional pages if necessary.

For an individual defendant, include the person's job title, and check whether you are suing the individual in his or her individual capacity, official capacity, or both.

**Defendant 1**

Name: St. Louis County Jail / C/O Mr. RIDEOUT / 2. C/O Thompson

Job or Title: MEDICAL - (C/O Transport)

Badge/Shield Number: (C/O RIDEOUT #525) (C/O Thompson #400)

Employer: ST. LOUIS COUNTY DEPARTMENT OF JUSTICE SERVICES

Address: ST. LOUIS COUNTY Jail, 1005 Central Ave. Clayton MO, 63105

☐ Individual Capacity

☒ Official Capacity

**Defendant 2**Name: ST. LOUIS COUNTY JAIL / C/O MS. RHODESJob or Title: CCP 4th Floor 4A podBadge/Shield Number: N/AEmployer: ST. LOUIS COUNTY DEPARTMENT OF JUSTICE SERVICESAddress: ST. LOUIS COUNTY JAIL, 1005 Central Ave Clayton, MO 63105☐ Individual Capacity☒ Official Capacity**II. Statement of Claim**

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

**Claim #1**

On or around 6/12/19, C/O MS RHODES Called me out of my cell #10 on the 4th floor - A pod when everyone else was locked down around 9:45 p.m 2nd Shift. She Handed me a open Legal letter and stated there's a present Inside for you, Just make sure I get mine when Released. when I got to my Room It was gloves with meth and thc. C/O's was alerted on 6/14/19 by a confidential Informant about what conspired. C/O's took my cellmate out first along with another inmate, so I swallowed gloves then I was told if I can take Drug test I did, I failed for thc and meth, then I was escorted to Segregation on 8th floor. I told the Lt. that I was dizzy and I then passed out Hitting my head on the wall then Floor. then I was escorted to the Barnes Jewish Hospital, then St. Mary's Hospital, then DePaul Hospital, I was admitted to Barnes and DePaul. the Injuries that I suffered are both mentally and physically, which are →



Nightmare's about C/o Rhodes Sexual Abuse's the mental in return for drugs and under constant lockdown and I'm severely depressed and traumatized from the events that took place after 6/14/19. I seen mental Health on 7/8/19 and the doctor prescribed me well Butrin and melatona for depression, paranoia, and sleep.

### CLAIM #2

On or around 6/15/19 at 1700 hrs C/o Rideout #525 and C/o Thompson #400 Picked me up from Barnes Hospital where I was under the watch of C/o Habermeyer #544. I was wheelchaired to car in front of Barnes Jewish Hospital, I was then helped in car by C/o Rideout on passenger side, he did not seat belt me in. C/o Thompson was driving, we where heading back to St. Louis County Jail. I then started to feel dizzy again I was Released from Barnes with a fit for confinement even tho I didn't pass all the drugs. My Rectum was burning I reach down to Rectum and my hand was covered in blood. C/o Rideout then instructed C/o Thompson to turn on lights and head to St. Marys Hospital. He took a hard left turn and I cracked my head on passenger side window, I then woke up to St. Marys ER staff pulling me from car, the injuries I suffered where, a huge knot on my C6 vertebrae that still is there, nerve damage or torn tendon under Right Shoulder blade, loss of hearing right ear, partial vision gone out of Right eye, and been having short blackouts. medical treatment I recieved is I Beparin From 6/20/19 when I returned from Hospital. Also seen doctor 7/10/19, He seen Swelling, and ordered A catscan on 7/11/19 and he ordered Flexerol and gave me eardrops. Catscan came back okay but pain still ekit. he said I might Need a mri Done but it cost to much for the jail.

### III. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

The medical staff on or around 6/18/19 received me in the St. Louis Jail when I returned from Hospital. Dr. ms Davis seen 6/20/19 County then sent me to segregation dis regarding the 5 day protocol for me to stay in the infirmary. then nurse ms Teriyana on or around 7/6/19 gave me another inmate's medication. She then told doctor what she done and the doctor never seen me but told the nurse Teriyana and Lt. Williams that I would live. Injuries I suffered by St. Louis County Jail and medical staff, are prolonged periods of severe pain and mental anguish to where I haven't had proper medical treatment. Only medical malpractice from medical staff.

#### IV. Relief

State briefly and precisely what you want the Court to do for you. Do not make legal arguments. Do not cite any cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages.

I am requesting the St. Louis County DEPARTMENT OF JUSTICE SERVICES TO PAY ME THE AMOUNT OF \$1,000,000 dollars, FOR MEDICAL MALPRACTICE, PERSONAL INJURY, MENTAL ANGUISH, BRIBERY WITH CONTRABAND FOR SELLING FAIRLY BY OFFICERS, and SEXUAL MISCONDUCT and HARASSMENT BY AN OFFICER.

#### V. Exhaustion of Administrative Remedies/Administrative Procedures

The Prison Litigation Reform Act ("PLRA") 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s):

ST. LOUIS COUNTY DEPARTMENT OF JUSTICE SERVICES

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. If yes, does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know



If yes, which claim(s)? Sexual misconduct, Harassment, and protection against Harassment that the only Claims I found St. Louis County Jail covers in the Inmate Handbook.

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes ☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes ☒ No

E. If you did file a grievance:

1. Where did you file the grievance?

ST. LOUIS COUNTY DEPARTMENT OF JUSTICE SERVICES

2. What did you claim in your grievance? (Attach a copy of your grievance, if available)

THAT C/O MS RHODES gave me Contraband, for the return of Sexual Favors when Released. THAT C/O RIDEOUT #525 and C/O Thompson #400 Neglected to put me in my Seat belt, which I couldnt Cause Handcuffed, resulting in Injury. THAT St. Louis County Jail / Medical Staff GAVE me other Inmates med's and denied treatment. Medical malpractice MENTAL ANGUISH.

What was the result, if any? (Attach a copy of any written response to your grievance, if available)

3 weeks after I made Reports about my issues I recieved mental treatment and was prescribed Wellbutrin for depression, paranoia and melatonin so I can sleep. For physical injury's I was gave Flexeral for muscle spasms and Ibuprofen for Knot and Swelling on neck. Also got X RAYS on neck that Doctor ordered and I got eardrops<sup>6</sup> for my Hearing loss issues.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I wrote grievances on all matters concerning all incidents from 6/14/19 to 7/9/19. I got response back from 6/28/19 Grievance, 19000369 Grievance, 19000386 Grievance, and 19000385 Grievance. I appealed all 4 Grievances and still have got no response from director. It's been well over the 5 days I was to be notified in writing about the appeals. Still no word. and 3 Grievances I got no response at all, there's copies of all grievances in, complaint.

F. If you did not file a grievance:

I also wrote, Department of Human Resources about Sexual Misconduct.

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

I did file grievances, but before all grievances I informed HOWIE DARBIE of incidents, he is 3rd in command at St. Louis County Jail. I told him while in Barnes Jewish Hospital, St. Louis.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I told Howie Darbie 8rd in command of incident with ms Rhodes, I wrote grievances and appealed to the highest levels of command. I wrote department of Human Resources about Sexual misconduct and Harassing officers.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

I notified, All medical staff, told mental doctor, physical doctor, and director of Jail about mental anguish issues, and my physical issues.



## VI. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

- A. To the best of your knowledge, have you ever had a case dismissed on the basis of this “three strikes rule”?

☐ Yes ☒ No

If yes, state which court dismissed your case and when it was dismissed. Attach a copy of the court’s order, if possible.

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes ☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the state and county)*

3. Docket or case number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_
6. Is the case still pending?
- ☐ Yes
- ☐ No (If no, give the approximate date of disposition): \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?
- ☐ Yes ☒ No
- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
1. Parties to the previous lawsuit
- Plaintiff \_\_\_\_\_
- Defendant(s) \_\_\_\_\_
2. Court (if federal court, name the district; if state court, name the state and county)
3. Docket or case number \_\_\_\_\_
4. Name of Judge assigned to your case \_\_\_\_\_
5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No (If no, give the approximate date of disposition): \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

## VII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 18 day of July, 2019.

Signature of Plaintiff

Jason N. Smith